

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90125 030 ***158.75

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DOCUMENT # P990000048863

1. Entity Name
KAZAN, INC.



Principal Place of Business
**4910 14 ST W
SUITE 305
BRADENTON FL 34207**

Mailing Address
**4910 14 ST W
SUITE 305
BRADENTON FL 34207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3578488**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAZANCIYAN, AGOP JACK
1 BEN FRANKLIN DR, UNIT 121
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **AGOP JACK KAZANCIYAN**

Street Address (P.O. Box Number is Not Acceptable)
512 KETCH LANE

City **LONGBOAT KEY FL** Zip Code **34228**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JACK KAZANCIYAN**

4/4/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **KAZANCIYAN, AGOP JACK**
STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DVP** ☐ Delete
NAME **KAZANCIYAN, YETVART EDDIE**
STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DVP** ☐ Delete
NAME **KAZANCIYAN, RYAN**
STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DST** ☐ Delete
NAME **KAZANCIYAN, MIREY**
STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **KAZANCIYAN, AGOP JACK** ☒ Change ☐ Addition
NAME
STREET ADDRESS **512 KETCH LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **KAZANCIYAN, YETVART EDDIE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **512 KETCH LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **KAZANCIYAN, RYAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **512 KETCH LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **KAZANCIYAN, MIREY** ☒ Change ☐ Addition
NAME
STREET ADDRESS **512 KETCH LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JACK KAZANCIYAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 941-756-4100

Date

Daytime Phone #

CR2E034 (10/02)